

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/116589

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		3				
5		3				
6	1					
7		1				
8		1				
9		1				
10	1					
11		1				
12		1				
13		3				
14	1					
15		1				
16		1				
17		3				
18		3				
19		3				
20		3				
21	1					
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44	1					
45	1					
46		2				
47		2				
48	1					
49		2				
50		2				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53	1					
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
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96						
97						
98						
99						
100						
TOTAL IND.	19	↓		↓		↓
TOTAL DEP.	65	↓		↓		↓
TOTAL CLAIMS	84					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS